

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008493

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2095

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Louis

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY

OR TOWN St. Louis

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION St. Louis-Little Rock Hospital, Inc.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

10 Plaza Square - Apt 514  
15th & Chestnut

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

Logan

Middle

Guthrie

Last

Crowe

## 4. DATE OF DEATH

Month

Day

Year

February 25 1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married

☒ Never Married ☐

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

2-22-1904

## 9. AGE (last birthday)

59

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

General Chairman of B. O. R. T.

## 10b. KIND OF BUSINESS OR INDUSTRY

Missouri Pacific Railroad

## 11. BIRTHPLACE (City and state or country)

Prescott, Arkansas

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

James Henry Crowe

## 13b. MOTHER'S MAIDEN NAME

Elizabeth Logan

## 14. NAME OF HUSBAND OR WIFE

Lucille Crowe

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of war) No Nil

## 16. SOCIAL SECURITY NO.

7

## 17. INFORMANT

Address

Lucille Crowe, 10 Plaza Square, Apt 514.

## 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:)

### IMMEDIATE CAUSE (a)

Cardiac failure, acute  
Myocardial infarction.

## INTERVAL BETWEEN ONSET AND DEATH

1 year

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

420.1

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

## 20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

Death occurred at

6:30 A

m

on the date stated above, and to the best of my knowledge, from the causes stated.

to

2/23/63

and last saw her

him alive on

1/28/63

## 22a. SIGNATURE

(Degree or title)

MD

## 22b. ADDRESS

St. Louis-Little Rock Hosp  
1755 S. Grand Blvd.

## 22c. DATE SIGNED

2/25/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

2/25/63

## 23c. NAME OF CEMETERY OR CREMATORY

Local

## 23d. LOCATION (City, town, or county)

Monroe, Louisiana.

## 24. FUNERAL DIRECTOR

## ADDRESS

Hixson-Bre. Funeral Home, Monroe, La.

## 25. DATE RECD. BY LOCAL REG.

FEB 25 1963

## 26. REGISTRAR'S SIGNATURE

Head Smith MD

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

VS 300  
Rev. 4/59

1

2 225

3

4 0

5 1

6

7 1

8 2

9

10

11

12 69-0

13

69

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James R. Bumbley*  
3653

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.